

MONTANA DIABETES PROJECT

QUALITY IMPROVEMENT





TIPS AND TRICKS TO.....

Did you know that DQCMS and MDP can assist you with ways to increase patient visits and facilitate communication with other specialists. Here are a number of project ideas using DQCMS.

RATIONALE:

Connecting with your patients Improves care and generates patient visits for your facility.

1. Flu and Pneumo Letters. DQCMS will print letters with names and addresses of patients who are not current on flu and pneumo shots.

2. ABC Letters. ABC Letters inform or remind your patients of the last results of their A1c, Blood Pressure and Cholesterol levels. ABC Letters also educate the patients on why these are important and gives what the ideal levels of these indicators should be.

3. Eye Exam Forms Allow you to obtain your patient's last dilated eye exam results by facilitating communication with the patient's Eye Care Provider.

4. Care Profiles. Care Profiles are a more in depth project centered on getting patients to take initiative in their care. Contact your MDP QI Coordinator for more info.

5. Tobacco Cessation: Identify tobacco users and offer assistance through Montana Quit Line. Your patients can receive Nicotine Replacement Therapy for free. Contact you MDP QI Coordinator for more info.

Contact Information

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Diabetes *Quality* Care Monitoring System

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6. Lipid & Hypertension. This study allows you to form a baseline and follow up of lipid levels and blood pressure and target the management by focusing on medication regimens, diet, and physical activity.

7. Foot Care. To track foot exams of diabetic patients who are at special risk of complications.

8. Medication Adherence. To help identify and address specific adherence barriers with all of your patients.

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stoplight

SITE	EDU	CHC	N	QIS	A1c	A1c <7	Foot	Eye	PPV	LDL	LDL<100	Micro	Cessat
				2.67	3	2	3	2	3	3	2	3	3
				2.56	3	2	3	1	3	3	2	3	3
				2.44	3	2	3	1	3	3	2	3	2
				2.33	3	1	3	1	2	3	2	3	3
				2.22	3	3	3	1	2	2	2	1	3
				2.22	3	2	3	1	3	3	3	2	0
				2.11	1	2	2	1	3	3	3	3	1
				2.11	3	1	3	1	1	3	2	3	2
				2.00	2	3	1	1	3	3	1	3	1
				2.00	2	2	2	1	2	3	2	3	1
				1.89	3	1	2	1	2	3	1	3	1
				1.78	1	3	2	1	3	2	2	2	0
				1.78	2	1	1	1	2	3	2	2	2
				1.67	2	1	2	2	2	2	1	1	2
				1.67	2	2	1	1	1	3	1	3	1
				1.67	1	1	2	1	3	1	1	3	2
				1.67	1	3	1	1	3	1	2	2	1
				1.67	2	1	2	1	1	2	1	3	2
				1.67	2	2	1	1	1	3	2	3	
				1.56	1	2	1	1	2	2	3	1	1
				1.56	1	2	1	1	2	2	2	2	1
				1.56	2		1	1	3	2	2	2	1
				1.56	2	2	1	1	1	3	2	1	1
				1.56	1	1	1	1	3	2	1	2	2
				1.44	1	2	1	1	2	1	2	2	1
				1.44	1	2	1	1	2	2	2	1	1
				1.33	2	2	1	1	1	2	1	1	1
				1.33	1	2	1	1	1	2	2	1	1
				1.33	1	2	1	1	1	2	2	2	
				1.33	2	2	1	1	2	2	2	0	
				1.22	1	2	1	1	1	1	2	1	1
				1.22	1	1	1	1	1	2	2	1	1
				1.11	1	2	1	0	0	1	3	2	
				1.11	1	1	1	1	1	1	2	1	1
				0.89	1	1	1	1	2	1	1	0	
				0.56	1	1	0	0	0	1	1	1	0
				0.44	2		2						

January 06, 2009

TREE BARK
MOUNTAIN VIEW LANE
HELENA, MT 59601

Dear Tree Bark:

We are writing to you as part of a special effort the << INSERT CLINIC NAME>> is undertaking to reach out to individual patients with diabetes. Research has shown that diabetes control can make a big difference in keeping people healthy. New studies have emphasized that blood sugar (A1c), Blood pressure, and Cholesterol are all important in diabetes control. That is why these three tests are now called the ABC's of diabetes.

What do the "ABCs" mean?

A is for the A1C test, short for hemoglobin A1C, which measures your average blood glucose (sugar) over the last 3 months. The suggested target: below 7.

B is for blood pressure. High blood pressure makes your heart work too hard. The suggested target: below 130/80.

C is for cholesterol. Bad cholesterol, also known as LDL, is more likely to build up and clog your arteries. The suggested target: below 100.

WHAT ARE MY NUMBERS?			ACTION STEPS TO CONTROL YOUR ABC'S!
Test	Date/Value	Target	<ul style="list-style-type: none">* Get physical activity every day* Take medications as prescribed* Follow a healthy meal plan* Stop smoking -- ask your provider for help* Check your blood sugar as suggested by your provider* Stay at a healthy weight
A1C	09/02/08 7.2 %	Below 7*	
Blood Pressure	04/01/08 142 / 78	Below 130 / 80	
LDL Cholesterol	04/01/08 100	Below 100	

Ask your healthcare provider what action steps are best for you to improve your ABC values and to help determine what your ABC goals should be.

We look forward to working with you over the next few months to help you set and attain appropriate health goals for the ABC's of diabetes. The (insert clinic name) would like to thank you for the opportunity to provide health care for you and your family!

Sincerely,

Doogie Howser, MD

Kidney Health

Target: Little or no urine protein loss (also called “microalbumin”)

High blood sugar and high blood pressure can damage kidneys and decrease their ability to filter waste products from your body.

Things your doctor may do:

- test your urine for small amounts of protein (“microalbumin”)
- prescribe medications to lower your blood pressure

Foot Care

Target: Comprehensive foot exam yearly

High blood sugar, high blood pressure, and smoking can cause circulation problems, resulting in pain, sores, and possibly amputation.

Things your doctor may do:

- examine your feet for feeling, sores or ulcers
- encourage you to examine your feet every day

Eye Exams

Target: Dilated eye exam yearly

High blood sugar over a long period of time can result in eye vessel damage. This damage can cause blindness if not treated.

Things your doctor may do:

- encourage you to get a dilated eye exam yearly

Health Promotion

Flu shot: Yearly. The flu shot will not cause you to get the flu!

Pneumonia shot: At least once in your lifetime

Dental Exam: Cleaning by a dentist or hygienist every six months. For good dental care remember to:

- brush your teeth at least twice a day
- floss your teeth at least once a day

YOUR PERSONAL DIABETES CARE PROFILE

This Profile includes your most recent lab tests and exams.

*Our goal is to provide you with information you need to **live well with diabetes**. Your health care team wants you to **“know your numbers”** and to take charge of your health.*

If you have any questions about labs, exams, or have other general questions regarding your diabetes management, bring them to your next appointment.

Any Clinic
406-555-5555

Name of Diabetes Coordinator
Diabetes Education Program Coordinator
406-555-5555

***“Know your
numbers”***

***Clinic
Logo***

Blood Sugar Control

Target: A1c level 7% or less

Hemoglobin A1c (“A-one-C”) test measures your average blood sugar during the last 3 months.

Things your doctor may do:

- monitor your A1c levels every 3-6 months
- prescribe medications to lower A1c levels if your number is above 7%
- refer you to a diabetes education program

It is also important to check your blood sugars regularly at home with a blood sugar meter. Blood sugar testing helps you to understand how food, activity, and weight loss impact your blood sugar levels.

Blood Pressure

Target: 130/80 or less

Blood pressure is the force of your blood as it travels through your blood vessels. When the pressure is too high, it damages these vessels. This can lead to a heart attack, stroke, kidney failure, or eye complications.

Things your doctor may encourage you to do:

- monitor your blood pressure daily
- take medications prescribed to control your blood pressure
- lose weight and reduce salt in your diet
- increase your activity to at least 20 minutes per day (more if possible)
- stop smoking

Cholesterol & Heart Protection

Target: LDL cholesterol level 100 or less

LDL (bad) cholesterol sticks in your blood vessels and slows blood flow.

If this occurs in your:

- brain
- heart
- feet or legs

You may have:

- stroke
- heart attack
- decreased feeling and poor wound healing

Things your doctor may do:

- monitor your cholesterol levels yearly
- prescribe medications to lower cholesterol levels

and encourage you to:

- lose weight
- increase your activity to at least 20 minutes per day (more if possible)
- cut down on saturated fat
- see a dietitian or diabetes educator

DIABETES CARE PROFILE:

JOHN DOE

“KNOW YOUR NUMBERS”

	Date	Result	Goal/Target*	Should be done: *
A1c (3 month average)	1/5/04	6.8	Less than 7%	Two to four times per year
Blood Pressure	2/28/2005	120/80	Less than 130/80	Each visit
LDL Cholesterol (“bad”)	2/15/2005	150	Less than 100	Yearly
Microalbumin (urine protein)	02/28/2005	Negative	Negative	Yearly
Comprehensive Foot Exam	2/15/2005	Monofilament	At least yearly	Yearly
Dilated Eye Exam	3/24/2005	Mild Retinopathy	At least yearly	Yearly
Flu Shot	2/15/2005	Received	Every year	Yearly
Pneumonia Shot	2/15/2005	Received	At least once	Once before 65 and after 65

****If you are not meeting the goals or targets listed above, talk with your doctor at your next visit.***

Diabetes Foot Screen

Name (Last, First, M)_____ **Date** _____

Fill in the following blanks with a "Y" or "N" to indicate findings on the R or L foot.

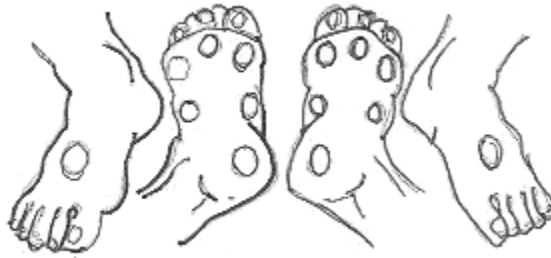
History:	R	L	Dermatological Exam:	Y or N
Previous foot ulcer?			Skin – Is the skin thin, fragile, shiny and hairless?	
Prior amputation?			Nails - thick, too long, ingrown or fungal infect?	
History of smoking?				
Pain in the calf when walking relieved by rest				
Lower extremity tingling, numbness				

Musculoskeletal Exam: – Note deformities

- ☐ **Toe deformities** ☐ **Bunions** ☐ **Muscle wasting**

Measure, draw in, and label the patient's skin condition, using the key and foot diagram below.

C=callus U=ulcer PU=pre-ulcer F=fissure M=maceration R=redness S=swelling
W=warmth D=dryness



Right top Right bottom Left bottom Left top

Monofilament Exam: *Note sensation on both top and bottom of feet. Check a minimum of 8 spots on the bottom and 1-2 on the top. (10 gram monofilament) Use diagram above.*

+ = Sensate - = Insensate

Vascular Exam: – Note dorsalis pedis and posterior tibial

P = present A = Absent DP _____ PT _____ R L DP _____ PT _____

Assess footwear: _____

	Y or N
Does patient require a referral to a foot specialist?	
Education: Has patient had foot care education?	
Can patient demonstrate appropriate self care?	

Assign Risk: _____

LOW - Risk category 0: intact protective sensation
HIGH - Risk category 1: LOPS, no foot deformity
Risk category 2: LOPS with foot deformity
Risk category 3: LOPS with foot deformity & Hx of previous ulceration or amputation

Provider Signature: _____

<<Date>>

<<First>><<Last>>

<<Address>>

<<City>>, <<State>>, <<Zip>>

Dear <<First Name>>,

Diabetes is the leading cause of blindness in the United States. However, blindness can be prevented with early detection and treatment. A dilated eye examination is recommended annually for people living with diabetes.

I have recently reviewed your chart and was unable to find documentation of a recent dilated eye exam from your eye care specialist. If you have had a dilated eye exam in the past year, please contact your eye care specialist and ask them to send your results to our office. If you have not had a dilated eye exam in the past year, please schedule one with your eye care specialist and ask them to send the results to our office.

We strive to provide you with the best possible care and having your dilated eye exam results gives us a more complete picture of your overall health. Enclosed you will find an informational sheet "Learning What You Can Do to Protect Your Eyes" and a brochure "Diabetic Retinopathy" produced by the Montana Optometric Association.

Please take the time to review the information and if you have questions or need assistance please contact us at << Phone Number>> and we will be happy to work with you.

Thank you for your attention to this request.

Best regards,

<<Doctor>>

Dear Eye Care Professional:

In our effort to provide the highest quality care to our patients with diabetes, it would be beneficial to have the results for the most recent dilated eye exam for the patient identified below. Please fill out the below information upon completion of the dilated eye exam or most recent eye exam and fax it back to <<insert clinic name>> at <<insert clinic fax number>>. Thank you.

Patient name: _____ **DOB:** _____

Date of eye exam: _____

Findings (*please check appropriate box*):

Right eye

- ☐ No retinopathy
- ☐ Non-proliferative diabetic retinopathy
- ☐ Pre-proliferative diabetic retinopathy
- ☐ Proliferative diabetic retinopathy
- ☐ Other: _____

Left eye

- ☐ No retinopathy
- ☐ Non-proliferative diabetic retinopathy
- ☐ Pre-proliferative diabetic retinopathy
- ☐ Proliferative diabetic retinopathy
- ☐ Other: _____

Comments: _____

Signed: _____

Percentage point change needed to say increase or decrease by clinic size and percent of patients receiving intervention					
Percent	10%	25%	50%	75%	90%
Clinic Size					
30	11	16	18	16	11
50	8	12	14	12	8
100	6	8	10	8	6
200	5	7	8	7	5
300	3	5	6	5	3
400	3	4	5	4	3
500	3	4	4	4	3
1000	2	3	3	3	2

This tool will help you determine if your sites' stats are improving (or worsening).

On the left column, choose the approximate size of the clinic.

On the top row, choose the approximate percent of the old value.

Where the row and column meet on the grid is the number of percentage points higher or lower the new value has to be to be considered to have increased or decreased.

Example:

Clinic 1 has 125 patients. Choose the row '100' in the orange column.

For Q1, 23% of their patients got a microalbumin test. Choose the column '25%' in the blue row.

The percent of patients receiving a microalbumin test must be 8 percentage points higher to show and increase.

For Q2, 28% of their patients got a microalbumin test.

Percent of patients receiving a microalbumin test in Q2 was not different from Q1.

For Q3, 31% of their patients got a microalbumin test.

Percent of patients receiving a microalbumin test in Q3 was not different from Q2, but it did increase significantly from Q1.

Hooray! Improvement!